

189904

STATE OF SOUTH CAROLINA

(Caption of Case)

COPY

Posted: ledDept: S.A.Date: 12/13/07Time: 3:55BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2007 454 TNew Applicants will Not have a
Docket Number so this portion does
Not have to be completed

(Please type or print)

Submitted by: Royalty Transport Services

Telephone:

(803) 452-5260Address: 2659 Ingram Rd

Fax:

(803) 452-5260Pineco Rd SC 29125

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief Demanded in Petition☒ Urgent Request for Item to Be Placed on Commission's Agenda☐ Other:

NATURE OF ACTION (Check all that apply)

☐ Affidavit☐ Letter☐ Report☐ Agreement☐ Memorandum☒ Request☐ Answer☐ Motion☐ Request for Investigation☒ Application☐ Objection☐ Reservation Letter☐ Brief☐ Petition☐ Response☐ Certificate☐ Petition for Reconsideration☐ Response to Discovery☐ Comments☐ Petition for Rulemaking☐ Return to Petition☐ Complaint☐ Petition for Rule to Show Cause☐ Stipulation☐ Consent Order☐ Petition to Intervene☐ Subpoena☐ Discovery☐ Petition to Intervene Out of Time☐ Other:☐ Exhibit☐ Proposed Order☒ Expedited Consideration☐ Protest☐ Late-Filed Exhibit☐ Publisher's Affidavit

COPY

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Posted: _____

Attn: Docketing Department

Dept: _____

101 Executive Center Drive

Columbia, SC 29210

Date: _____

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Time: _____

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE December 5, 2007APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Kelly Ceasear, Kaynerra Capers, Harold Mitchell
Royalty Transport Services Inc dba
Royalty Transport Services

2. (a) Street Address of Applicant

2659 Ingram Rd
Pinebluff SC 29125

- (b) Mailing address, if different from street address _____

- (c) Telephone Number (803) 452-5260 Fed ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

① 2659 Ingram Rd
Pinebluff SC 29125

② P.O. Box 1368
Summerton SC 29148

③ 12109 Panda Rd
Summerton SC 29148

Kelly Ceasear - Operational Manager

Kaynerra Capers - Chief Executive Officer

Harold Mitchell - Vice President

The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

905

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Tracy Ceasear

8034525260

p. 5

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: December Year: 07

Assets:	
Cash	Start with \$450.00
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	\$4707.57
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	\$2890.00
Total Assets	\$3666.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable - Van Insurance	\$423.00 for 10 4236.96
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	\$423.00 Balance 4236.96

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Kelly Ceasear, Operational Manager
 (Name of Applicant's Representative) (Title)
 of Royalty Transport Services, the Applicant for the Certificate of Public
 (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At My residence 1543 Fairfield Road
Paxville SC 29102

This the 8 day of DEC 2007

Carol Ceasear
 (Notary Public)

Kelly Ceasear
 (Signature of Applicant's Representative)

Commission Expires:

My Commission Expires
March 2012

Commission Expires
APR 12, 2012

EXHIBIT C

CLASS C

TAXI

CHARTER ☒

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant

Royalty Transport Service

For the transportation of passengers as follows:

Area to be served: Region 4: Clarendon, Sumter, Lee, Kershaw, Orangeburg, Bamberg
Calhoun, Barnwell, Aiken, Allendale Region 5: Williamsburg, Florence

Number of passengers:

7

Fares:

Medicaid, Private Ins.Maximum Fare Rate \$3.00 a mile

Date

December 05, 2007

By

Kelly Ceasear

Title

Operational Manager

Rev.10/03

Dec 11 07 10:54a

Tracy Ceasear

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p.7

Received Fax: Dec 04 2007 6:30 PM FAX Station: 0

12/06/2007 14:04 FAX

001/003

Dec 05 2007 4:27 PM

803-455-3076

p.9

INSURANCE QUOTE

The following insurance quote is for:

Royalty Transport Services
 (Name of Motor Carrier)
2659 Ingram Rd. Greenwood SC 29125
 (Address of Motor Carrier)

Amount of Premium:

Liability Insurance

\$4113

The above quoted premium is for a term of 12 months.

Type of Vehicle - Intrastate Only

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Columbia Insurance Company
 (Insurance Company Name)
Omaha NE
 (Agent's Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12-6-07
 Date

N. G. Strickland
 (Authorized Insurance Company Representative)

Rev 5/07

Received Fax: Dec 05 2007 4:27 PM FAX Station: 0

12/06/2007 13:46 FAX

001/001

Dec 05 2007 4:27 PM

803-455-3076

p.8

INSURANCE QUOTE

The following insurance quote is for:

EXHIBIT FWAName: Royalty Transport ServicesAddress: 2659 Ingram Rd.Telephone No. (803) 452-5260 Fax No. (803) 452-5260

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ✓

(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Kelly Ceasear
(Applicant's Signature)

Sworn to before me

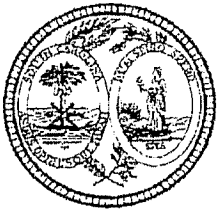
At My Residence 1593 Fairfield Rd. Foxville 29102This 8 day of DEC, 20 07

Tracy Ceasear
(Notary Public)

Commission Expires: _____

My Commission Expires
March 22, 2008

My Commission Expires
March 22, 2008



Charles L.A. Terreni
Chief Clerk/Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

The Public Service Commission State of South Carolina

COMMISSIONERS
G. O'Neal Hamilton, Fifth District
Chairman
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Elizabeth B. "Lib" Fleming, Fourth District
Mignon L. Clyburn, Sixth District

Docketing Department
Phone: (803) 896-5100
Fax: (803) 896-5199

December 12, 2007

TO: Royalty Transport Services
2659 Ingram Road
Pinewood SC 29125

FROM: Janice Schmieding, Docketing Department

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

- _____ Failed to Submit Cover Sheet along with the Application
- XXX ✓ Failed to indicate Fares on Exhibit C.
- XXX Please Clarify Name of Company - If appropriate, **need Articles of Incorporation or Limited Liability Company Documents from the Secretary of State's Office.**
- XXX ✓ Failed to enclose Description of Equipment (Exhibit D)
- _____ Failed to Submit Signature on Exhibit # C
- XXX Failed to Complete the Statement of Assets and Liabilities
- XXX ✓ Need more detail on area to be served, i.e. what counties would you be operating in?
- _____ Failed to Submit Exhibit FWA Form along with Notarized Signature
- _____ Insurance Quote – Form Enclosed - Needs to Be Completed and Submitted with the Application.
- _____ Other:

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)

12/13/07

To Ms. Janice Schmieding
Docketing Department
Office of Regulatory Staff

From: Royalty Transport Services
2659 Ingram Rd.
Pinewood SC

29125
Fax No: (803) 452-5260